

CITY OF LINCOLN LANCASTER COUNTY AND LINCOLN-LANCASTER PUBLIC BUILDING COMMISSION

ATTACHMENT 1 - UNIT PRICE QUOTATION

MISCELLANEOUS PAVEMENT CONSTRUCTION AND RECONSTRUCTION SERVICES, SPEC. NO. 08-152

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____

FROM (CONTRACTOR): _____

PROJECT NUMBER: _____

PROJECT DESCRIPTION: _____

When making a quotation please breakdown the Total Cost into the following categories: Schedule I - Concrete Work, and Schedule II - Asphaltic Concrete Work. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

EQUIPMENT AND MATERIAL COST

ITEM	COST	% OF MARKUP	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Material Costs			

SCHEDULE I - CONCRETE WORK

DESCRIPTION	UNIT PRICE	QUANTITY	TOTAL \$ AMOUNT
1. Type "B" Sawing - Portland Cement Concrete Pavement			
2. Type "C" Sawing - Portland Cement Concrete Driveways			
3. Miscellaneous Asphalt and Concrete Removal			
4. Concrete Sidewalk, 4" Thick			
5. Concrete Bikeway, 5" Thick			
6. Concrete Driveway, 6" Thick			
7. Concrete Driveway, 8" Thick			
8. Remove Concrete Sidewalk, 4" Thick			
9. Remove Concrete Bikeway, 5" Thick			
10. Remove Concrete Driveway, 6" Thick			
11. Remove Concrete Driveway, 8: Thick			
TOTAL CONCRETE WORK:			

SCHEDULE II - ASPHALTIC CONCRETE WORK

DESCRIPTION	UNIT PRICE	QUANTITY	TOTAL \$ AMOUNT
1. Type "A" Sawing - Asphaltic Concrete Pavement			
2. Type "D" Sawing - Asphaltic Concrete Surface Course			
3. Miscellaneous Asphalt and Concrete Removal			
4. Non-Woven Pavement Overlay Fabric, In Place			
5. Install Asphaltic Concrete Curb			
6. Remove Asphaltic Concrete Curb			
7. Install Concrete Curb			
8. Remove Concrete Curb			
9. Asphaltic Concrete Pavement Class 2, non-arterial streets & parking area			
10. Asphaltic Concrete Resurfacing			
11.a. Paint Pavement Marking, with glass beads			
11.b. Paint Pavement Marking, without glass beads			
TOTAL ASPHALTIC CONCRETE WORK:			

TOTAL PRICE (NOT TO EXCEED)

\$ _____

FIRM: _____

BY: _____ Change Order #: _____

ADDRESS: _____ Accepted: _____

Not Accepted: _____

PHONE _____

APPROVED BY: _____

Department/Agency Representative

DATE: _____